

EXHIBIT 1

Certification of Dave Skogen, Chief Executive Officer

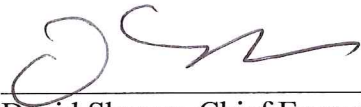
State of Georgia)
)
County of Gwinnett)

Certification

RECEIVED
RECORDS MANAGEMENT
2017 MAY 30 AM 9:28
STATE OF GEORGIA
UTIL. AND TRANSPORTATION
COMMISSION

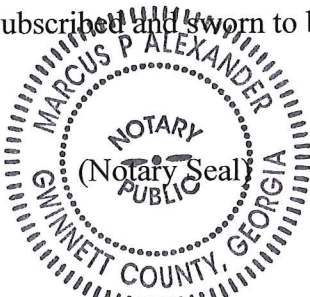
Personally appeared before the undersigned, an officer duly authorized to administer oaths, David Skogen, who first being duly sworn, deposes and states that he is the Chief Executive Officer of Global Connection Inc. of America d/b/a STAND UP WIRELESS, Applicant in this application, and has read the same and knows the contents thereof, and confirms that the statements made herein are true to the best of his knowledge and belief.

Dated: 3-7-17



David Skogen, Chief Executive Officer

Subscribed and sworn to before me this 7th day of March, 2017.



(Signature of person authorized to administer oath)

My Commission Expires: April 3, 2020

EXHIBIT 2

Proposed Lifeline Offering

RECEIVED
REGULATORY MANAGEMENT

2017 MAY 30 AM 9:28

STATE OF WASH.
UTIL. AND TRANS.
COMMISSION

Global Connection Inc. of America d/b/a StandUP Wireless

Lifeline Offering

Terms & Conditions maintained at www.StandUpWireless.com

PLAN DESCRIPTION	VOICE	TEXT	DATA (MB)	LIFELINE PRICE
500 Voice/Unlim. Text/500 MB Data	500	Unlimited	500	\$0.00

Includes:

- Data-capable handset
- Voicemail, Caller-ID, call waiting, three-way calling, & call forwarding features
- Free calls to 911 and StandUP Wireless customer service
- Domestic Long Distance at no extra cost
- Data is at 3G+ speeds

Additional Minutes:

Price	Minutes
\$5.00	200
\$10.00	450
\$20.00	1000
\$30.00	1500
\$50.00	2500

Additional Data:

Price	Data
\$3.95	250 MB
\$7.95	500 MB
\$15.95	1 GB

EXHIBIT 3

Sample Lifeline Certification Form

RECEIVED
REGULATORY MANAGEMENT

2017 MAY 30 AM 9:28

STATE OF WASH
UTIL. AND TRANS
COMMISSION

FREE
PHONE
500
100 TEXT
50MB DATA



Welcome and thank you
for your interest in being a
StandUP WirelessSM customer!



IMPORTANT INFORMATION PLEASE READ CAREFULLY



IDENTIFICATION



Please have your state-issued ID (drivers license or ID card) ready to show at sign-up.



PROOF OF ELIGIBILITY

If you participate in one of these government assistance programs or earn 135% below the Federal Poverty Limits or less, you may be eligible for the StandUP Wireless Lifeline Program.



Medicaid



SNAP
Food Stamps



Supplemental
Security Income



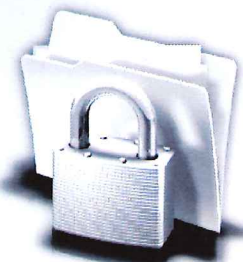
Veterans and
Survivor
Pension



Housing
Assistance



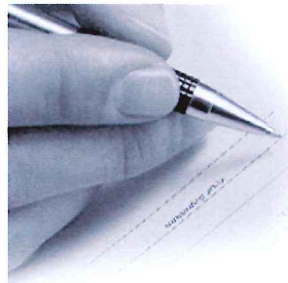
PROTECT YOUR PERSONAL DATA



The privacy and security of your personal information is very important to us. Please be sure to keep your personal information private until needed for sign-up. We do not share your personal information in ways not disclosed or without your authorization.



ACKNOWLEDGEMENT



You agree to have your information submitted electronically by a StandUP Wireless Representative. Please read the application form on the reverse side that you will be asked to sign electronically upon activation.



NON-USAGE & RECERTIFICATION POLICIES



You must place a call from your StandUP Wireless phone, receive a call from anyone other than StandUP or our agents, place an outbound text or use data once every 30 days to avoid termination of service and de-enrollment.

IF APPROVED THIS CERTIFICATION WILL REMAIN ACTIVE FOR ONE (1) YEAR AND MUST BE RECERTIFIED ANNUALLY. PLEASE RETAIN FOR YOUR RECORDS.



TOP-UP YOUR MINUTES OR PLAN

TOP-UP FOR AS LOW AS **5¢** PER MINUTE

YOUR MINUTES

ONLINE & CUSTOMER CARE
www.StandUPWireless.com
1-800-544-4441

We accept

PAYMENT LOCATIONS

StandUP Rates:	MINUTES	PRICE
	200	\$5.00
	450	\$10.00
	1000	\$20.00
	1500	\$30.00
	2500	\$50.00

*taxes and fees are extra.

STEP-UP YOUR PLAN

StandUP 500 BASIC	Reloads Every Month	• 500 Minutes • 100 Text Units • 50 MB Data
StandUP 500 DATA	ONLY \$9.75* per month	• 500 Minutes • 500 MB Data
StandUP 500 PREMIUM	ONLY \$12.20* per month	• 500 Minutes • 2000 Text Units • 100 MB Data
StandUP UNLIMITED	ONLY \$27.20* per month	• Unlimited Minutes • Unlimited Text Units • 500 MB Data

StandUP Non-Lifeline plans can also be purchased for the stated price above plus \$12.75 per month.

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities
Commission Consumer Affairs
303-894-2070 or
800-456-0858

Georgia Public Service
Commission's Consumer
Affairs Unit
404-656-4501 or
800-282-5813

Pennsylvania Utility Commission
Bureau of Consumer Services
800-692-7380 or for
TDD PA Relay Center 800-682-8706 (voice)
or 800-682-8786 (TTY)

Kansas Commission's Office
of Public Affairs
and Consumer Protection
785-271-3140 or 800-662-0027
TD 800-766-3777

Massachusetts Consumer Divisions
Dept. of
Telecommunications & Cable
617-305-3531 or 800-392-6066

THIS CERTIFICATION WILL REMAIN ACTIVE FOR ONE (1) YEAR AND MUST BE RECERTIFIED ANNUALLY. PLEASE RETAIN FOR YOUR RECORDS

IMPORTANT

LIFELINE
WIRELESS
SERVICE
INFORMATION:

Lifeline is a government assistance program. Only one Lifeline service is available per household. A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. Your household is not permitted to receive multiple Lifeline benefits whether they be from one or multiple companies. This includes wireline and wireless services. Lifeline is a non-transferable benefit. You may not transfer your benefit to any other person. You must activate your service. You must use your phone to continue to receive service. Should you not use your service for 30 days, subject to a 15-day cure period during which you may use your service, you will be de-enrolled. Lifeline is a federal benefit. Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Proof of eligibility is required and only eligible customers may enroll. Proof may consist of eligible program card or statement of benefits. Eligible Lifeline Subscribers will receive a free handset with calling features and receive 500 Anytime Minutes, 100 SMS, and 50 MB of data each month of service OR receive a discount from any premium plan.

LIFELINE ELIGIBILITY CRITERIA

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps); Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Veteran Pension and Survivors Benefit; Medicaid; AZ, AR, CA, CO, GA, IA, KS, KY, LA, MA, MD, MI, MN, MO, NE, OH, PA, RI, SC, TX, UT, WI, PR, WV

Please check your eligibility on the list below

Additional State Programs may apply in:
CA, MI, WI, UT,
150% of Federal Poverty Guidelines or Below; CA, MI
135% of Federal Poverty Guidelines or Below; AR, AZ, CO, GA, IA, KY, LA, MA, MD, MN, NE, OH, PA, PR, RI, SC, TX, UT, WV, WI, MO, KS



A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Global Connection Inc. of America ("the Company's") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by the Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

I hereby certify, under penalty of perjury, that I understand the disclosures listed above, and that to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

OR

I hereby certify, under penalty of perjury, that I understand the disclosures listed above, and that I am receiving Lifeline benefits from another carrier; however, with this application I would like to transfer my benefits to StandUP Wireless. I understand the change will change my existing mobile number.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Veteran's and Survivors Pension Benefit
<input type="checkbox"/> Federal Public Housing Assistance (FPHA)	<input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines
<input type="checkbox"/> Medicaid (not Medicare)	<input type="checkbox"/> State Eligibility Program (WI, MI, and UT only)
<input type="checkbox"/> Supplemental Security Income (SSI)	

Customer Application Information:

First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month: _____ Day: _____ Year: _____ Last Four Digits of Social Security Number or Tribal ID Number: _____

If Qualifying for Lifeline by Income, number of Individuals in Household: _____ Home Telephone Number (if available) : _____

Residential Address (P.O. Box NOT sufficient) Address is (choose one): Permanent Temporary Contact Number _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from Residential Address) (P.O. Box IS sufficient) Email: _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Multiple households sharing an address:

I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by calling 611. To keep your account active, you must use your Lifeline service at least once during any 30 day period by completing an outbound call or text message, using your data plan, purchasing additional minutes or data from the Company, answering an inbound call from someone other than the Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service. If your service goes unused for 30 days, subject to a 15-day cure period during which you may use your service, you will no longer be eligible for Lifeline benefits and your service will be deactivated (allowing only 911 calls and calls to the Company's customer care center).

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number, address, DOB, last four digits of SSN or Tribal ID number, amount of support sought, means of qualifications, dates of service initiation/termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

If Qualifying person is different:

Name of qualifying individual _____
 The individual named on the documentation you provided to demonstrate eligibility is part of your household and does not already receive Lifeline benefits.

Additional certifications: I hereby certify, under penalty of perjury, that (Initial and check the box next to each line):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required.
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60).
- The address listed above is my primary residence, not a second home or business.
- If I move to a new address, I will provide that new address to the Company within 30 days.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.
- The information contained in this certification form is true and correct to the best of my knowledge.
- If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to StandUP Wireless pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof to StandUP Wireless at this time.

Applicant's Signature: _____ Date: _____

FOR AGENT USE ONLY (check the appropriate boxes for the proof of eligibility viewed; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility (check 1):			
<input type="checkbox"/> The prior year's state, federal, or Tribal tax return,	<input type="checkbox"/> A Veterans Administration statement of benefits,	<input type="checkbox"/> Federal or Tribal notice letter of participation in General Assistance, or	If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months.
<input type="checkbox"/> Current income statement from an employer or paycheck stub,	<input type="checkbox"/> A retirement/pension statement of benefits	<input type="checkbox"/> A divorce decree, child support award, or other official document.	
<input type="checkbox"/> A Social Security statement of benefits,	<input type="checkbox"/> An Unemployment/Workmen's Compensation statement of benefits,		
Documents Acceptable Proof for Program-Eligibility (choose 1 from each list A and B below):			
List A - Choose 1		List B - Choose 1:	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Program participation card/document	Last 4 digits of Doc / ID# from List B _____
<input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Prior year's statement of benefits	Date of Proof Document: _____
<input type="checkbox"/> Veterans and Survivors Pension Benefit	<input type="checkbox"/> State Eligibility Program (WI, MI, and UT only)	<input type="checkbox"/> Notice letter of participation	Expiration Date of Proof Document: _____
		<input type="checkbox"/> Other official document evidencing participation _____	_____

Applicant Account Number: _____

Agent/Dealer Number: _____